

7845

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. <u>63</u>	
County <u>Cochise</u>	District <u>Douglas</u>	Town <u>Douglas</u>	ORIGINAL CERTIFICATE OF DEATH	
No. <u>830-1st</u>			County Registered No. <u>189</u>	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			Local Registrar's No. <u>12</u>	
FULL NAME <u>Salvador Dominguez Colunga</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	Color or Race <u>White</u> <input type="checkbox"/> Indian <input type="checkbox"/> Black <input type="checkbox"/> Chinese <input type="checkbox"/> Mexican	SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED	DATE OF DEATH <u>April 21</u> 191 <u>4</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>1876</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Jan 1</u> 191 <u>2</u> to <u>Apr 21</u> 191 <u>4</u> ; that I last saw <u>her</u> alive on <u>Apr 20</u> 191 <u>4</u> , and that death occurred on the date stated above at <u>2:10a.m.</u> The DISEASE or INJURY causing Death was as follows: <u>Pulmonary Tuberculosis</u>	
AGE <u>38</u> yrs. <u>0</u> mos. <u>0</u> days <u>0</u> hrs., or <u>0</u> min. If less than 1 day			(Duration) <u>2</u> yrs. <u>0</u> mos. <u>0</u> days.	
OCCUPATION (a) Trade, profession or particular kind of work <u>Homemaker</u> (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? <u>Yes</u> If not, where <u>120</u>	
BIRTHPLACE (State or country) <u>Mexico</u>			CONTRIBUTORY (Duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> days.	
PARENTS	NAME OF FATHER <u>Felix Dominguez</u>	(Signed) <u>W. H. Russell</u> M.D. 191 <u>4</u> (Address) <u>Douglas</u>		
	BIRTHPLACE OF FATHER (State or country) <u>Mexico</u>	*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	MAIDEN NAME OF MOTHER <u>Andrea Moreno</u>	LENGTH OF RESIDENCE At place of death <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds. In Arizona <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.		
	BIRTHPLACE OF MOTHER (State or country) <u>Mexico</u>	Former or Usual Residence <u>Filed May 5, 1914 F. W. Randall (Per Reg.)</u> Local Registrar		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Salvador Colunga</u> (Address) <u>830-1st St.</u>			County Registrar <u>May 9, 1914 C. H. Russell</u>	
PLACE OF BURIAL OR REMOVAL <u>Douglas</u>		DATE OF BURIAL OR REMOVAL <u>4/21</u> 191 <u>4</u>		
UNDERTAKER <u>H. C. Strong</u>		ADDRESS <u>Douglas</u>		